

Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax
(360) 570-7895
Phone
(360) 359-4001

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name Custard Insurance Adjusters, Inc.		Website	
Contact name. Primary applicant and contract manager David LaLande	(Area code) Telephone number (541) 673-9858	Email (required) dlalande@custard.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 2106 Hoot N Holler Ln.			
City Roseburg		State OR	ZIP code 97470
Mailing address of business (if different) PO Box 1204			
City Roseburg		State OR	ZIP code 97470
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>Insurance claims adjusting. Records will be used for determining ownership and registration fees for vehicles involved in our claims processing.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>The owner will be apprised of the vehicle registration costs. Third party recipients will include the direct insurer of the vehicle and, on occasion, their attorney(s).</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

3/27/2017, in Douglas County, Oregon

Date and place (county) signed

David LaLande

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

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Company/Agency name Avista Corp Credit Union		Website www.avistacu.com	
Contact name. Primary applicant and contract manager Pat Graham	(Area code) Telephone number (509) 495-4921	Email (required) pat.graham@avistacorp.com	
Contact name 2 (if applicable) Chris Jentges	(Area code) Telephone number (509) 495-2485	Email (required) chris.jentges@avistacorp.com	
Physical address of business (number and street) 1411 E Mission			
City Spokane		State WA	ZIP code 99202
Mailing address of business (if different) PO BOX 3727			
City Spokane		State WA	ZIP code 99220
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). We are a financial institution and need access to IVIPS to be able to verify our lien holder status on loans			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. We contact the owner if it is our borrower and for business purposes only. We contact our borrowers through Mail, Email, telephone and face to face contact.			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

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- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

03/14/2017

Date and place (county) signed

Pat Graham / Sr. Loan Officer Avista Corp Credit Union

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725

Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02

Washington Administrative Code (WAC) 308-10-075, 308-93-087

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Company/Agency name Security Industry Specialists Inc.		Website www.sis.us	
Contact name, Primary applicant and contract manager Audrey Villinger	(Area code) Telephone number (213) 359-9047	Email (required) avillinger@sis.us	
Contact name 2 (if applicable) Robert Bastida	(Area code) Telephone number (408) 660-6585	Email (required) bbastida@sis.us	
Physical address of business (number and street) 1415 Western Ave, Ste 300			
City Seattle		State WA	ZIP code 98101
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 602 011 615
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>SIS Inc., a private security corporation, has an office and provides security services to 35 client buildings, 36 garages, and 30,000 employees in the greater Seattle area. Vehicle records will be used solely by SIS Intelligence Services to ensure physical access controls are in place as well as conduct investigations of incidents which occur on SIS and client property or affect their assets. The access will be limited only to SIS Intelligence Services staff, who will adhere to GLBA and DPPA guidelines, and obtained information shared with security managers on a need to know basis.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. This information will be used internally or in support of client investigative requests. Owners may be contacted only if they are a SIS/client employee or third party contractor conducting regular business on client property.</p>			

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 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Audrey Villinger

PRINT or TYPE Name

X

Signature of business or organization representative

3/1/2017 - Seattle, WA

Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
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Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
2 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
3 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
4 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



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If you currently have an IVIPS number, enter it here _____

Company/Agency name Independent Legal Services, LLC		Website www.littleguypi.com	
Contact name. Primary applicant and contract manager Angie Houck	(Area code) Telephone number (206) 852-5410	Email (required) adhouch7@gmail.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 4810 17th Ave NW			
City Seattle		State WA	ZIP code 98107
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 603 319 806
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Private Investigation, will use IVIPS for address verification, surveillance and process service.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. I may contact the owner for process service or if they are part of an investigation and need to be interviewed or made aware of certain circumstances. I may provide the registration record information to attorneys, investigators or clients.			

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- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

03/06/2017, King County

Date and place (county) signed

Angela Houck

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087



STATE OF
WASHINGTON

Office of the Secretary of State
Corporations Division

LEGAL ENTITY REGISTRATION

INDEPENDENT LEGAL SERVICES, LLC
4810 17TH AVE NW
SEATTLE, WA 98107

Unified Business ID #: 603319806

Expiration: Jul-31-2017

Domestic Limited Liability Company

Renewed by Authority of Secretary of State

By accepting this document the recipient certifies that information provided on the annual report was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

Secretary of State

UBI NO.
603319806

EXPIRATION
Jul-31-2017

Please tear off this section and keep it with your records.

Note: This is not a Washington business license. The expiration date indicates when you will need to renew your corporation, limited liability company or Massachusetts trust in Washington State.

INDEPENDENT LEGAL SERVICES,
LLC
C/O ANGELA HOUCK
4810 17TH AVE NW

Please read the information printed on the back side of this document. For Business license information go to business.wa.gov/BLS or 1-800-451-7985



State of Washington
DEPARTMENT OF LICENSING
INVESTIGATOR PROGRAM
P O Box 9649
Olympia, WA 98507

ADDRESS SERVICE REQUESTED

PPU 411

INDEPENDENT LEGAL SERVICES LLC
ANGELA D HOUCK
4810 17TH AVE NW
SEATTLE WA 98107

STATE OF WASHINGTON
UNARMED PRIVATE INVESTIGATOR
PRINCIPAL

INDEPENDENT LEGAL SERVICES LLC
ANGELA D HOUCK
4810 17TH AVE NW
SEATTLE WA 98107

3597
License Number

07/31/2017
Expiration Date

Pat Kohler
Pat Kohler, Director

STATE OF WASHINGTON

DEPARTMENT OF LICENSING - BUSINESS AND PROFESSIONS DIVISION

THIS CERTIFIES THAT THE PERSON OR BUSINESS NAMED BELOW IS AUTHORIZED AS A



UNARMED PRIVATE INVESTIGATOR
PRINCIPAL

INDEPENDENT LEGAL SERVICES LLC
ANGELA D HOUCK
4810 17TH AVE NW
SEATTLE WA 98107

Licensee Released -

Termination Date / /

3597
License Number

07/11/2012
Issued Date

07/31/2017
Expiration Date

Pat Kohler
Pat Kohler, Director

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Company/Agency name CLT Consulting LLC		Website N/A	
Contact name. Primary applicant and contract manager Casey Johnson	(Area code) Telephone number 206 366-5344	Email (required) CLTConsultingLLC@gmail.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 13617 242 AVE NE			
City Woodinville		State WA	ZIP code 98077
Mailing address of business (if different) 23515 NE Novellity Hill Rd Suite B-221 #307			
City Redmond		State WA	ZIP code 98053
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). I provide investigative services to Criminal and Civil attorneys. I would use IVIPS to identify persons related or associated to the investigations or possible witnesses to the investigation.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>If disclosure is warranted, I will comply with all the RCWs and WAC codes as dictated. If I need to contact the owner as per the rules and regulations, I will do so via USPS. I will write a letter explaining the disclosure.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private Investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

02-16-2017

Date and place (county) signed

Casey L. Johnson

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

STATE OF WASHINGTON

DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION

THIS CERTIFIES THAT THE PERSON OR BUSINESS NAMED BELOW IS AUTHORIZED AS A



**UNARMED PRIVATE INVESTIGATOR
PRINCIPAL**

Licensee Released -

**CLJ CONSULTING LLC
CASEY L JOHNSON
13617 242 AVE NE
WOODINVILLE WA 98077**

Termination Date / /

4081

License Number

01/22/2015

Issued Date

08/31/2017

Expiration Date

Pat Kohler
Pat Kohler, Director

FEB 14 2017



Vehicle/Vessel On-line Access Contract Application-IVIPS

PUBLIC DISCLOSURE/CONTRACTS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

ivips@dol.wa.gov

Print and scan or upgrade to
Adobe Reader XI or above)

Mail

Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax

(360) 570-7895

Phone

(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name Williams Private Investigator Agency		Website	
Contact name, Primary applicant and contract manager Joshua Williams	(Area code) Telephone number 253-948-6131	Email (required) williamsjo978@gmail.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 908 21st Street NW			
City Puyallup		State WA	ZIP code 98371
Mailing address of business (if different) POB 28			
City Graham		State WA	ZIP code 98338
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 603536243
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>I am a private investigator licensed by Washington State. I also have a business license from Washington State. My business is called, "Williams Private Investigator Agency." I am currently contracted with the Pierce County Department of Assigned Counsel (DAC) in Tacoma, WA. The DAC gives me court cases that need follow up investigations. I usually interview the client, witnesses, victims and police officers involved in the case.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>I will use the personal information contained in a vehicle or vessel registration to accomplish my investigation needs. It is rare that I would disclose any information obtained by this method. However, the owner will be notified of any disclosure and that notification will adhere to RCW 46.12.635(4) (a)(b)(c). I will not use DOL information in notification letters. Furthermore, the information will (not) be used for unsolicited business contact. And, information obtained from DOL will not be sold.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

February 10, 2017 Pierce County

Date and place (county) signed

Joshua Williams

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

STATE OF WASHINGTON

DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION

THIS CERTIFIES THAT THE PERSON OR BUSINESS NAMED BELOW IS AUTHORIZED AS A



**UNARMED PRIVATE INVESTIGATOR
PRINCIPAL**

Licensee Released -

**WILLIAMS PRIVATE INVESTIGATOR
JOSHUA O WILLIAMS
29319 3RD AVE S
ROY WA 98580-9576**

Termination Date / /

4224

License Number

09/21/2015

Issued Date

09/30/2017

Expiration Date


Pat Kohler, Director



STATE OF
WASHINGTON

BUSINESS LICENSE

Sole Proprietorship

JOSHUA O WILLIAMS
WILLIAMS PRIVATE INVESTIGATOR AGENCY
908 21ST ST NW
PUYALLUP, WA 98371-3944

Unified Business ID #: 603536243

Business ID #: 001

Location: 0001

Expires: Sep 30, 2017

PRIVATE INVESTIGATIVE AGENCY

TAX REGISTRATION

PRIVATE INVESTIGATIVE AGENCY PRINCIPAL: WILLIAMS, JOSHUA O

REGISTERED TRADE NAMES:

WILLIAMS PRIVATE INVESTIGATOR AGENCY

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

STATE OF WASHINGTON

UBI: 603536243 001 0001

Expires: Sep 30, 2017

JOSHUA O WILLIAMS
WILLIAMS PRIVATE
INVESTIGATOR AGENCY
908 21ST ST NW
PUYALLUP, WA 98371-3944

PRIVATE INVESTIGATIVE AGENCY
TAX REGISTRATION



City of Puyallup

PO Box 314
Seahurst WA 98062

Business License Certificate

POST IN A CONSPICUOUS PLACE

Licensing question? Call 253-445-7957

License No.	State UBI No.	Nature of business	Business location
02010941	603536243	PRIVATE INVESTIGATOR	908 21ST ST NW

WILLIAMS PRIVATE INVESTIGATOR AGENCY
PO BOX 28
GRAHAM, WA 98338

License Description

Expiration Date

Business with up to 24 Employees

12/31/2017

PLEASE NOTE:

1. The person, firm or corporation named above is granted this business license pursuant to the provisions of the City Business License Ordinance to engage in, carry on or conduct the business, trade, calling, profession, exhibition or occupation described above. Issuance of the certificate is not an endorsement, nor certification of compliance with other ordinances or laws. This license is issued without verification that the licensee is subject to or exempt from licensing by the State of Washington.
2. Please notify the Business License office at 253-445-7957 promptly if you: 1) Move your business, 2) Change your mailing address, 3) Change ownership [licenses are not transferable], 4) Change use or type of operation, 5) Hold a special event such as a tent sale, parking lot sale, dance, music or other event outside your routine operations, or 6) Cease operations.
3. Additional licenses may be required if your business includes amusement devices, vendor, gambling, soliciting, pawnbroker, pool tables or secondhand dealer.
4. Use location code 2711 on your State of Washington Combined Excise Tax Return when reporting retail sales or use tax occurring within the City of Puyallup. This does not increase your tax liability but ensures that Puyallup receives the local sales and use tax from your business activities within Puyallup.
5. Business licenses run from January 1st through December 31st and must be renewed on or before the first day of January. Any license not so renewed by the last day of January requires a new application, accompanied by a late fee of \$250. Any license not so renewed by the last day of February requires a new application, accompanied by a late fee of \$500. License renewal notices are mailed in early October.

Issued by:


Clifford C. Craig, Finance Director

Issue Date: 1/13/2017

Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

ivips@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above)

Mail

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

Phone

(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at **dol.wa.gov/forms/formspd.html**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name DEL TORO AUTO SALES		Website www.deltoroautosales.com	
Contact name. Primary applicant and contract manager Nuno Soares	(Area code) Telephone number (253) 333-2481	Email (required) deltoroautosales@hotmail.com	
Contact name 2 (if applicable) Lidia Gutierrez	(Area code) Telephone number (253) 333-2481	Email (required) lidia@deltoroautosales.com	
Physical address of business (number and street) 415 Auburn Avenue			
City Auburn		State WA	ZIP code 98002
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI) 602479287
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Retail used vehicles.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. We will not contact or disclose the information.			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Nuno Soares

PRINT or TYPE Name

X

Signature of business or organization representative

02/14/2017 King

Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
2 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
3 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
4 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

ivips@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above)

Mail

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

Phone

(360) 359-4001

360-359-4002

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name Prestman Auto		Website www.prestmanauto.com	
Contact name, Primary applicant and contract manager Michelle Nautz	(Area code) Telephone number 801-540-6706	Email (required) michelle@prestmanauto.com	
Contact name 2 (if applicable) Toni Labranche	(Area code) Telephone number 385-233-0045	Email (required) tonie@prestmanauto.com	
Physical address of business (number and street) 2865 S. State St.			
City Salt Lake City		State UT	ZIP code 84115
Mailing address of business (if different) 551 West 400 North, Suite 103,			
City Salt Lake City		State UT	ZIP code 84116
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Auto Retail Sales			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. This information is needed for verification purposes only - We buy & sell many WA DMV registered automobiles.			

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

2/11/17

Date and place (county) signed

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Maintain a legible Subscriber Roster and complete all fields

- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1 Legal business name		
CJ Prestman Co dba Prestman Auto		
Address, City, State, ZIP code		
2865 S. State Street Salt Lake City UT 84115		
Contact name	(Area code) Telephone number	Email
Michelle Mautz	385-233-0039	michelle@prestmanauto.com
Providing information		
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Subscriber's permissible use		
For Vehicle Records, including liens, odometers, Brands & to apply for duplicate titles		
2 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information		
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
3 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information		
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
4 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information		
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

VOID VOID VOID VOID
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UTAH STATE TAX COMMISSION
MOTOR VEHICLE ENFORCEMENT DIVISION
USED MOTOR VEHICLE DEALER LICENSE
PRINCIPAL PLACE OF BUSINESS

Business Number: 4183

PRESTMAN AUTO
2865 SOUTH STATE STREET
SLC UT 84115

LICENSE VALID FROM: 21-Jun-2016 TO: 30-Jun-2017

Franchises

Owners

CORY PRESTMAN OLSEN
SHAUN PAUL OLSEN
JASON TYLER OLSEN

POST CONSPICUOUSLY - THIS LICENSE IS NOT TRANSFERABLE

Business Number: 4183

PRESTMAN AUTO
2865 SOUTH STATE STREET
SLC UT 84115



Utah State Tax Commission
Exemption Certificate
 (Sales, Use, Tourism and Motor Vehicle Rental Tax)

TC-721
 Rev. 8/12

Name of business or institution claiming exemption (purchaser) <i>CJ Prestman Company</i>		Telephone Number <i>801-467-6606</i>	
Street Address <i>2865 S. State Street</i>	City <i>Salt Lake City</i>	State <i>Ut</i>	Zip Code <i>84115</i>
Authorized Signature <i>[Signature]</i>	Name (please print) <i>Kimberly Babbel</i>	Title <i>A/P Manager</i>	
Name of Seller or Supplier		Date	

The signer of this certificate MUST check the box showing the basis for which the exemption is being claimed. Send questions to Taxpayer Services, Utah State Tax Commission, 210 N 1950 W, Salt Lake City, UT 84134, or call 801-297-2200 or 1-800-662-4335 (toll-free).

DO NOT SEND THIS CERTIFICATE TO THE TAX COMMISSION
 Keep it with your records in case of an audit.

For purchases by government, Native American tribes and public schools, use form TC-721G.

- ☐ **REALE OR RE-LEASE**
 Sales Tax License No. 6d
 I certify I am a dealer in tangible personal property or services that are for resale or re-lease. If I use or consume any tangible personal property or services I purchase tax free for resale, or if my sales are of food, beverages, dairy products and similar confections dispensed from vending machines (see Rule R865-19S-74), I will report and pay sales tax directly to the Tax Commission on my next sales and use tax return.
- ☐ **LEASEBACKS**
 I certify the tangible personal property leased satisfies the following conditions: (1) the property is part of a sale-leaseback transaction; (2) sales or use tax was paid on the initial purchase of the property; and, (3) the leased property will be capitalized and the lease payments will be accounted for as payments made under a financing arrangement.
- ☐ **AGRICULTURAL PRODUCER**
 I certify the items purchased will be used primarily and directly in a commercial farming operation and qualify for the Utah sales and use tax exemption.
- ☐ **COMMERCIAL AIRLINES**
 I certify the food and beverages purchased are by a commercial airline for in-flight consumption; or, any parts or equipment purchased are for use in aircraft operated by common carriers in interstate or foreign commerce.
- ☐ **COMMERCIALS, FILMS, AUDIO AND VIDEO TAPES**
 Sales Tax License No. _____
 I certify that purchases of commercials, films, prerecorded video tapes, prerecorded audio program tapes or records are for sale or distribution to motion picture exhibitors, or commercial television or radio broadcasters. If I subsequently resell items to any other customer, or use or consume any of these items, I will report any tax liability directly to the Tax Commission.
- ☐ **FILM, TELEVISION, VIDEO**
 I certify that purchases, leases or rentals of machinery or equipment will be used by a motion picture or video production company for the production of media for commercial distribution.
- ☐ **ALTERNATIVE ENERGY**
 Sales Tax License No. _____
 I certify the tangible personal property meets the requirements of Utah Code §59-12-104 and is leased or purchased by or for an alternative energy electricity production facility, a waste energy production facility, or a facility that produces fuel from alternative energy.
- ☐ **FUELS, GAS, ELECTRICITY**
 Sales Tax License No. _____
 I certify all natural gas, electricity, coal, coke, and other fuel purchased will be used for industrial use only and not for residential or commercial purposes.
- ☐ **MUNICIPAL ENERGY**
 Sales Tax License No. _____
 I certify the natural gas or electricity purchased: is for resale; is prohibited from taxation by federal law, the U.S. Constitution, or the Utah Constitution; is for use in compounding or producing taxable energy; is subject to tax under the Motor and Special Fuel Tax Act; is used for a purpose other than as a fuel; is used by an entity exempted by municipal ordinance; or is for use outside a municipality imposing a municipal energy sales and use tax. The normal sales tax exemptions under Utah Code §59-12-104 do not apply to the Municipal Energy Sales and Use Tax.
- ☐ **POLLUTION CONTROL FACILITY**
 Sales Tax License No. _____
 I certify our company has been granted a "Certification of Pollution Control Facilities" as provided for by Utah Code §§19-2-123 through 19-2-127 and as explained in Tax Commission Rule R865-19S-83 by either the Air Quality Board or the Water Quality Board. I further certify each item of tangible personal property purchased under this exemption is qualifying machinery or equipment for this purpose.
- ☐ **MEDICAL EQUIPMENT**
 I certify the equipment or device checked below is prescribed by a licensed physician for human use.
☐ Durable Medical Equipment primarily used to serve a medical purpose, is not worn in or on the body, and is for home use only. (Sales of spas and saunas are taxable.)
☐ Mobility Enhancing Equipment primarily used to improve movement, is for use in a home or motor vehicle, and is not used by persons with normal mobility.
☐ Prosthetic Device used to replace a missing body part, to prevent or correct a physical deformity, or support a weak body part. This is also exempt if purchased by a hospital or medical facility. (Sales of corrective eyeglasses and contact lenses are taxable.)
☐ Disposable Home Medical Equipment or Supplies that cannot withstand repeated use and purchased by, for, or on behalf of a person other than a health care facility, health care provider or office of a health care provider. The equipment and supplies must be eligible for payment under Title XVIII, federal Social Security Act, or the state plan for medical assistance under Title XIX, federal Social Security Act.
- ☐ **DIRECT MAIL**
 Sales Tax License No. _____
 I certify I will report and pay the sales tax for direct mail purchases on my next Utah Sales and Use Tax Return.
- ☐ **MAILING LISTS**
 Sales Tax License No. _____
 I certify the printed mailing lists or electronic databases are used to send printed material that is delivered by U.S. mail or other delivery service to a mass audience where the cost of the printed material is not billed directly to the recipients.



Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax
(360) 570-7895

Phone
(360) 359-4001

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name Rockwood Property Management LLC		Website www.rockwoodpm.com	
Contact name. Primary applicant and contract manager Gil Pierce	(Area code) Telephone number (509) 458-5860	Email (required) gpierce@rockwoodpm.com	
Contact name 2 (if applicable) Crystal Byers	(Area code) Telephone number (509) 458-5860	Email (required) cbyers@rockwoodpm.com	
Physical address of business (number and street) 1421 N Meadowwood Lane Suite 200			
City Liberty Lake		State Washington	ZIP code 99019
Mailing address of business (if different) Same			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>We are a property management company, managing residential properties, commercial properties, and homeowner associations. We would use the information to verify accuracy of personal information submitted to us by our tenants in the properties we manage. If the information is not correct we would request the correct information only in instances in which we are attempting to recover debt owed to us.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. We would only disclose information to an attorney in the event we were attempting to collect a debt. We are aware of the notification rights provided to a vehicle owner in RCW 46.12.635 and agree to comply with all requirements. We would contact the owner via phone, email, or postal mail based on information provided to us at the time of occupancy.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/lvipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** — Attach a legible copy of your current business license
- **Business outside Washington State** — Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** — Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** — Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private Investigator** — Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

1/17/17 Spokane County
Date and place (county) signed

Gil Pierce
PRINT or TYPE Name
X 
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

BUSINESS LICENSE



STATE OF
WASHINGTON

Domestic Limited Liability Company

Unified Business ID #: 602 264 085
Business ID #: 1
Location: 1
Expires: 01-31-2017

ROCKWOOD PROPERTY MANAGEMENT, LLC
1421 N MEADOWWOOD LN # 200
LIBERTY LAKE WA 99019

TAX REGISTRATION
INDUSTRIAL INSURANCE
UNEMPLOYMENT INSURANCE

CITY LICENSES/REGISTRATIONS:
LIBERTY LAKE GENERAL BUSINESS

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

W. L. Smith

Director, Department of Revenue



Vehicle/Vessel On-line Access Contract Application-IVIPS

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Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax
(360) 570-7895
Phone
(360) 359-4001

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at **dol.wa.gov/forms/formspd.html**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name Mills Meyers Swartling		Website www.millsmeyers.com	
Contact name. Primary applicant and contract manager Caryn Geraghty Jorgensen	(Area code) Telephone number 206-382-1000	Email (required) jorgensen@millsmeyers.com	
Contact name 2 (if applicable) Linda Wheeler	(Area code) Telephone number 206-812-7474	Email (required) lwheeler@millsmeyers.com	
Physical address of business (number and street) 1000 2nd Ave 30th Fl			
City Seattle		State WA	ZIP code 98104
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 600516932
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Mills Meyers Swartling Law Firm. Our legal practice includes representation of automobile and boat manufacturers in civil litigation. For example, ownership history is relevant to determining the maintenance, repair, and accident history of motor vehicles or boats that are the subject of civil litigation.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. We may contact prior owners of motor vehicles or boats regarding vehicle history in connection with the investigation of civil lawsuits against our client. Our inquiries to prior owners will relate to vehicle maintenance and accident history. Contact will be by telephone or U.S. Mail.			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

12-1-2016, King County
Date and place (county) signed

Caryn Jorgensen
PRINT or TYPE Name
☒ Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
2 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
3 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
4 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

25571027111001

MILLS MEYERS SWARTLING
1000 2ND AVE STE 3000
SEATTLE WA 98104

027111

DETACH BEFORE POSTING



STATE OF
WASHINGTON

BUSINESS LICENSE

Domestic Professional Service Corporation

Unified Business ID #: 600 516 932
Business ID #: 1
Location: 1

MILLS MEYERS SWARTLING
1000 2ND AVE STE 3000
SEATTLE WA 98104

TAX REGISTRATION
INDUSTRIAL INSURANCE
UNEMPLOYMENT INSURANCE

CITY LICENSES/REGISTRATIONS:
BELLEVUE GENERAL BUSINESS #075698

LICENSING RESTRICTIONS:
Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue



1671-1

MILLS MEYERS SWARTLING P.S.
C/O BRUCE WINCHELL
1000 2ND AVE 30TH FLR
SEATTLE WA 98104

This is your Washington Legal Entity Registration.
This is not a Washington Business License.

Detach before posting



STATE OF
WASHINGTON

MILLS MEYERS SWARTLING P.S.
1000 2ND AVE 30TH FLR
SEATTLE, WA 98104

Office of the Secretary of State
Corporations Division

LEGAL ENTITY REGISTRATION

Unified Business ID #: 600516932

Expiration: Aug-31-2017

Domestic Professional Service Corporation

Renewed by Authority of Secretary of State

By accepting this document the recipient certifies that information provided on the annual report was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

Secretary of State



Lawyer Directory » Lawyer Profile

Lawyer
Directory

Search in:

Lawyer
Directory

Discipline
Notices

Caryn Geraghty Jorgensen

WSBA Number: 27514
Admit Date: 11/21/1997
Member Status: Active
Public/Mailing Address: Mills Meyers Swartling
1000 2nd Ave Fl 30
Seattle, WA 98104-1094
United States
Phone: (206) 382-1000
Fax: (206) 386-7343
TDD:
Email: cjorgensen@millsmeyers.com
Website: www.mms-seattle.com

Contact Member

Contact this member via email.

Practice Information

[Back to top](#)

Firm or Employer: Mills Meyers Swartling
Firm Size: 11-20 Lawyers in Firm
Practice Areas: General, Litigation
Other Languages Spoken: None Specified

Liability Insurance

[Back to top](#)

Private Practice: Yes
Has Insurance? Yes - [Click for more info](#)
Last Updated: 02/02/2016

Committees

[Back to top](#)

Member of these committees/boards/panels:
Court Rules & Procedures Committee (Member)

Disciplinary History

No Public Disciplinary History

Only active members of the Washington State Bar Association, and others as authorized by law, may practice law in Washington.

The discipline search function may or may not reveal all disciplinary action relating to a lawyer. The discipline information accessed is a summary and not the official decision in the case. For more complete information, call 206-727-8207.

[Disclaimer +](#)

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Phone
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If you currently have an IVIPS number, enter it here _____

Company/Agency name Washington Court Services		Website washingtoncourtservices.wixsite.com/v	
Contact name. Primary applicant and contract manager Ryan Wray	(Area code) Telephone number (253) 961-7885	Email (required) washingtoncourtservices@gmail.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 2521 173rd Street East			
City Tacoma		State WA	ZIP code 98445
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 603-298-374
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>The primary activity for my business is Process Service. The way that the vehicle and vessel records will be used is to verify address for service of process.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>There is a possibility of owner contact for the purpose of service of process only. The information will not be given to any other personal.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

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 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

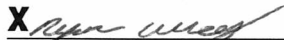
By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

01/03/2017

Date and place (county) signed

Ryan Wray

PRINT or TYPE Name

X 

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

[My DOR](#)

WASHINGTON COURT SERVICES

LICENSE INFORMATION:

[New search](#) [Previous search](#)**Entity name:** WASHINGTON COURT SERVICES LLC**Business name:** WASHINGTON COURT SERVICES**Entity type:** Limited Liability Company**UBI:** 603-298-374 **Business ID:** 001 **Location ID:** 0001**Location:** Open

Status: To check the status of this company, go to the link(s) below:
Department of Revenue. This entity is not registered with Washington Secretary of State.
Secretary of State

Location and Mailing address:

707 167TH STREET CT E
SPANAWAY, WA, 98387

GOVERNING PEOPLE MAY INCLUDE GOVERNING PEOPLE NOT REGISTERED WITH SOS

Governing people	Title
WRAY, RYAN E	Manager

REGISTERED TRADE NAMES

Registered trade names	Status	First issued
WASHINGTON COURT SERVICES	Active	May-02-2013

Information current as of 1/3/2017 7:23:33 PM

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If "Non-revenue" appears after Tax Registration Number, the account is not registered with the Department of Revenue. However, it may be registered with other agencies in the state.

Washington State Department of Revenue State Business Records Database Detail

TAX REGISTRATION NO : 603298374	ACCOUNT OPENED : 5/1/2013 12:00:00 AM
UBI : 603298374	ACCOUNT CLOSED : OPEN
ENTITY NAME : WASHINGTON COURT SERVICES LLC	
BUSINESS NAME : WASHINGTON COURT SERVICES	

MAILING ADDRESS : 707 167TH STREET CT E SPANAWAY, WA 98387-7840	BUSINESS LOCATION : 707 167TH STREET CT E SPANAWAY, WA 98387-7840
--	--

ENTITY TYPE : LIMITED LIABILITY	RESELLER PERMIT NO: N/A
NAICS CODE : 492110	PERMIT EFFECTIVE: N/A
NAICS DEFINITION: COURIERS AND EXPRESS DELIVERY SERVICES	PERMIT EXPIRES: N/A

FOR NON-COMMERCIAL USE ONLY

1/3/2017 7:24 PM

We need your help.

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Help us
improve!
Take our Survey

If you are unable to find the reseller permit you are looking for, try searching
by tax registration/UBI number.

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Access Washington

Voter registration assistance (SECRETARY OF STATE)

STATE OF WASHINGTON

UBI NO.

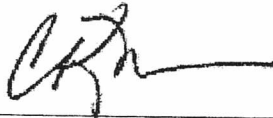
EXPIRATION DATE

603 298 374 1 1

WASHINGTON COURT SERVICES LLC
WASHINGTON COURT SERVICES
707 167TH STREET CT E
SPANAWAY WA 98387 7840

TAX REGISTRATION

FOUR HERE



Director, Department of Revenue

DETACH THIS SECTION FOR YOUR WALLET



Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)ivips@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above)**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

Phone

(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name South End Auto inc.		Website www.SouthEndAuto.com	
Contact name. Primary applicant and contract manager Veronica Cockerham	(Area code) Telephone number (425) 251-8555	Email (required) info@southendauto.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 3400 East Valley Rd			
City Renton		State WA	ZIP code 98057
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) [REDACTED]	WA Unified Business Identifier (UBI) 600419204
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Automotive recycling yard and used car dealer. We will verify ownership of vehicles before purchasing to ensure there are no other owners or liens.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. The only reason that we would contact the government would be if there was reason to believe that the vehicle was stolen or there was illegal activity associated with it. We would contact via US mail with any addresses provided.			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

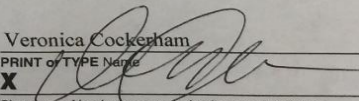
IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** — Attach a legible copy of your current business license
- **Business outside Washington State** — Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** — Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** — Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** — Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

10/04/2016
Date and place (county) signed

Veronica Cockeham
PRINT or TYPE Name
X 
Signature of business or organization representative

Authorities:
Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

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Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax
(360) 570-7895
Phone
(360) 359-4001

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Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

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If you currently have an IVIPS number, enter it here _____

Company/Agency name VIAL FOTHERINGHAM LLP		Website WWW.VF-LAW.COM	
Contact name. Primary applicant and contract manager C. DeNeese Jensen	(Area code) Telephone number 503-594-8112	Email (required) CDJ@VF-LAW.COM	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 17355 SW Boones Ferry Rd, Ste A, E			
City Lake Oswego	State OR	ZIP code 97035	
Mailing address of business (if different)			
City	State	ZIP code	
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>Primary business in this context is for collection of debt. Our firm represents homeowner and condominium associations, and we also represent the firm in collection proceedings on unpaid assessments. In the case that a personal judgment is obtained, we will use the vehicle and vessel records to search and obtain information on whether the judgment debtor has vehicles or vessels in Washington. In turn, this information will be used for execution (to collect) on said vehicles or vessels.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>We will only contact the owner for notification purposes as part of this agreement, or if required by the Washington statute for writs of execution (service, levying, and sale). We will provide information only to the attorneys at Vial Fotheringham LLP, and only for purposes that are stated above.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

10/24/2016 WASHINGTON COUNTY
Date and place (county) signed
C. Denise Jensen
PRINT or TYPE Name
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

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Email (quickest)

ivips@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above)

Mail

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

Phone

(360) 359-4001

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Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

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If you currently have an IVIPS number, enter it here 13a

Company/Agency name LPI SERVICES		Website www.edwardlewispi.com	
Contact name. Primary applicant and contract manager Edward Lewis	(Area code) Telephone number (253) 761-2574	Email (required) elewis@edwardlewispi.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 372 Eldorado Ave.			
City Fircrest		State WA.	ZIP code 98466
Mailing address of business (if different) 2522 No Proctor #188			
City Tacoma		State WA.	ZIP code 98406
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 601255618
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>I am a Washington State Registered Process Server and a Washington State Licensed Private Investigator. I will be using the system to locate witnesses or parties to serve legal process and to locate parties associated with court litigation for interviews and for the general duties as a private investigator. It may or may not be provided to an attorney, process server or private investigator for the above purposes.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>I am a Washington State Registered Process Server and a Washington State Licensed Private Investigator. I will be using the system to locate witnesses or parties to serve legal process and to locate parties associated with court litigation for interviews and for the general duties as a private investigator. It may or may not be provided to an attorney, process server or private investigator for the above purposes.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

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Submit the following documentation with your application:

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- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

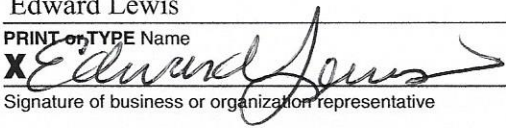
By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

3/28/2017 Pierce County

Date and place (county) signed

Edward Lewis

PRINT or TYPE Name


Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
2 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
3 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
4 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



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Print and scan or upgrade to
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Mail
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If you currently have an IVIPS number, enter it here _____

Company/Agency name GLOBAL AUTO INC		Website	
Contact name. Primary applicant and contract manager ADNAN SAEED	(Area code) Telephone number (253) 327-5020	Email (required) ADNAN2010USA@YAHOO.COM	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 2501 SOUTH TACOMA WAY			
City TACOMA		State WA.	ZIP code 98409
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI) 603-434-775
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). USED AUTO SALES...PURCHASES AND SALES. ACCESS OWNER INFORMATION IF TITLE NOT PRESENT OR LOST ON AUTOS. CONFIRM OWNERSHIP IF REGISTRATION ONLY PRESENT.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. ONLY CONTACT OWNER BY MAIL TO CONFIRM OWNERSHIP OR ASSIST IN APPLYING FOR A LOST TITLE.			

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- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

09/21/2016 PIERCE COUNTY

Date and place (county) signed

ADNAN SAEED, PRESIDENT

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087



STATE OF
WASHINGTON

BUSINESS LICENSE

Domestic Profit Corporation

GLOBAL AUTO INC
2501 SOUTH TACOMA WAY
TACOMA WA 98409 7527

Unified Business ID # 01 854
Business ID # 1
Location # 1
Expires 09-30-2005

TAX REGISTRATION

MOTOR VEHICLE DEALER #0657

Vicki Smith
Director, Department of Revenue



Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax
(360) 570-7895
Phone
(360) 359-4001

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name <i>Hammer Brothers Fine Cars</i>		Website <i>clawandsledge.com</i>	
Contact name. Primary applicant and contract manager <i>Eric Aurelius</i>	(Area code) Telephone number <i>206-425-251-4566</i>	Email (required) <i>eric@clawandsledge.com</i>	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <i>885 Industry Dr, Tukwila, WA</i>			
City <i>Tukwila</i>		State <i>WA</i>	ZIP code <i>98188</i>
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) <i>604 033 603</i>
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p><i>This is a used car sales business. Cars are bought from individuals as trade ins or wholes for resale. This site will be used to insure vehicles purchased have no liens on them.</i></p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p><i>Individuals who have a lien will be told in person or phone. The information will not be given to any other person or party. This information will be used to confirm the Owner of a vehicle has a free and clear title.</i></p>			

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1 Legal business name		
Hammer Brothers Fine Cars		
Address, City, State, ZIP code		
885 Industry Dr, Tukwila, WA 98188		
Contact name	(Area code) Telephone number	Email
Eric Aurelius	725 251 4566	eric@ciawandsledge.com
Providing information		
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Subscriber's permissible use		
Information is used to insure the vehicle owner has a free and clear title.		
2 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information		
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
3 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information		
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
4 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information		
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

10/29/16 KING COUNTY
Date and place (county) signed

ERIC S. AURELIUS
PRINT or TYPE Name
X [Signature]
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting			
<input checked="" type="checkbox"/> IVIPS (Individual record inquiries) Current IVIPS number, if applicable 13a			
<input type="checkbox"/> Bulk vehicle/vessel records (Batch process) Frequency (check one): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input type="checkbox"/> Regular			
PRINT or TYPE Company/Agency name			
HofS, Inc. dba Honda of Sumner			
Contract contact/manager (IVIPS and Bulk records accounts)		Signing Authority name (Bulk records accounts only)	
John A Dederman			
(Area code) Phone number	Email (required for IVIPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
(425) 250-3355	idederman@rairdon.com		
Physical address of business (Number and street, City, State, ZIP code)			
16302 Auto Lane, Sumner, WA 98390			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code)			
Provide one of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
		6d	603 460 870
2 Provide a detailed explanation of your primary business activity (exactly what your business does).			
Auto Dealership for New, Used, Service & Parts			
3 Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input checked="" type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____	

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

To verify registered and legal owners on vehicles that we purchase or take in on trade.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ☐ Yes ☒ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ☒ Yes ☐ No

- ☐ **I represent a government agency.** Agency name: _____
 Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No
- ☒ **I represent a Washington State business.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
- ☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
 - a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
- ☐ **I am a process server.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
 - registration for county jurisdictions
- ☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State
 - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
 - Other documents reviewed and approved by the Department of Licensing Public Records Officer
 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
- ☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
 IVIPS applicants must also include:
- subscriber roster (provided on page 4)
 - subscriber agreements
- ☐ **I am an attorney.*** Attach legible copies of:
- your current business license
 - your current bar card
- ☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
 - your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

John A Dederman, CFO

Title

X

Signature

3/27/2017

Date and place (county) signed

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



138-1

HOFS, INC
HONDA OF SUMNER
PO BOX 2879
KIRKLAND WA 98083-2879

DETACH BEFORE POSTING

STATE OF
WASHINGTON

BUSINESS LICENSE

Corporation

HOFS, INC
HONDA OF SUMNER
16302 AUTO LN
SUMNER, WA 98390-2568

Unified Business ID #: 603460870
Business ID #: 001
Location: 0001
Expires: Dec 31, 2017

UNEMPLOYMENT INSURANCE - ACTIVE
TAX REGISTRATION - ACTIVE

INDUSTRIAL INSURANCE - ACTIVE
MOTOR VEHICLE DEALER #0855 - ACTIVE

CITY ENDORSEMENTS:

SUMNER GENERAL BUSINESS - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:

RAIRDON'S HONDA OF SUMNER

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

STATE OF WASHINGTON

UBI: 603460870 001 0001

Expires: Dec 31, 2017

HOFS, INC
HONDA OF SUMNER
16302 AUTO LN

UNEMPLOYMENT INSURANCE -
ACTIVE
INDUSTRIAL INSURANCE - ACTIVE

Vehicle/Vessel On-line Access Contract Application-IVIPS

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Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax
(360) 570-7895

Phone
(360) 359-4001

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at **dol.wa.gov/forms/formspd.html**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name Bainbridge Island Municipal Court		Website www.bainbridgewa.gov/court	
Contact name. Primary applicant and contract manager Telma Hauth	(Area code) Telephone number (206) 842-5641	Email (required) thauth@bainbridgewa.gov	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 11025 NE Valley Road			
City Bainbridge Island		State WA	ZIP code 98110
Mailing address of business (if different) PO Box 151			
City Rollingbay		State WA	ZIP code 98061
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>The Bainbridge Island Municipal Court receives parking tickets from the Bainbridge Island Police Department. At time we need to look up owner information of a vehicle to send the owner a delinquent notice regarding their parking ticket and/or hearing notices.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>The Bainbridge Island Municipal Court receives parking tickets from the Bainbridge Island Police Department. At time we need to look up owner information of a vehicle to send the owner a delinquent notice regarding their parking ticket and/or hearing notices.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

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 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

11/9/16 Kitap Co.
Date and place (county) signed

TEMA HARTH, CRT ADMIN
PRINT or TYPE Name
X TEMA HARTH
Signature of business or organization representative
Court Administrator

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

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Email (quickest)

ivips@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above)

Mail

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

Phone

(360) 359-4001

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Use the Vehicle or Boat Record Request forms located at **dol.wa.gov/forms/formspd.html**

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If you currently have an IVIPS number, enter it here _____

Company/Agency name Farmers Insurance Company - Specialty		Website	
Contact name. Primary applicant and contract manager Kelly Rodriguez	(Area code) Telephone number (913) 577-7880	Email (required) kelly.rodriguez@farmersinsurance.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 10551 S Ridgeview			
City Olathe		State KS	ZIP code 66061
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>Auto, property insurance</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>We will not sell or provide the information to anyone else. We will contact the vehicle/vessel owner, most often contact with the title holder is a result of ongoing, submitted insurance claims. Generally, by phone, document, and/or email. We will not use the information for commercial purpose, making unsolicited business contact, or promoting the sale of any goods or services.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place (county) signed

Kelly S Rodriguez

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
2 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
3 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
4 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to Adobe Reader XI or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting			
<input checked="" type="checkbox"/> IVIPS (Individual record inquiries) Current IVIPS number, if applicable _____ <input type="checkbox"/> Bulk vehicle/vessel records (Batch process) Frequency (check one): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input type="checkbox"/> Regular			
PRINT or TYPE Company/Agency name King County Department of Public Defense - Northwest Defenders Division			
Contract contact/manager (IVIPS and Bulk records accounts) Lourdes Garcia		Signing Authority name (Bulk records accounts only) Jeanette Brinster	
(Area code) Phone number (206) 674-4700	Email (required for IVIPS and Bulk records) jeanette.brinster@kingcounty.gov	(Area code) Phone number (206) 674-4700	Email (required for Bulk records)
Physical address of business (Number and street, City, State, ZIP code) 1109 1st Avenue, Suite 300			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code) attn: Joanna Chau, 401 5th Avenue, Suite 213, Seattle, WA 98104			
Provide one of these identifiers:	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
2 Provide a detailed explanation of your primary business activity (exactly what your business does).			
<p>Northwest Defenders Division, is one of four divisions within the King County Department of Public Defense that operates as a law firm to provide legal representation and advocacy for any income-eligible person facing a criminal charge as provided in both the U.S. Constitution and the Washington State Constitution.</p>			
3 Check all that apply to you and/or your business			
<input checked="" type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input checked="" type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input checked="" type="checkbox"/> Other (explain) <u>Public Defense Investigator</u>	

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

Our in-house investigators will use IVIPS to assist our attorneys in defense of our clients.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☒ Provide ☐ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The following scenarios exist in which we would provide the information to a third party:

- discussing the information with our client.
- discussing the information with other witnesses.
- discussing the information with the prosecuting attorney.

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

Disclosure would only be to the prosecutor or clients. Our attorneys and investigators are prohibited from disseminating information gained in the course of representing a client.

How will you provide the information to recipients? Explain.

Any information would be duplicated and given to the prosecutor and placed in the client file. Attorneys and investigators are prohibited from disseminating information gained in the course of the representing a client.

6 Owner contact

Will you contact the vehicle/vessel owner? ☒ Yes ☐ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

If an investigator is reviewing video and sees a car drive by and wants to know if the driver witnessed part of the incident, she/he would use IVIPS to determine who the owner is and then try to contact them in person or via telephone.

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ☒ Yes ☐ No

8 Check all that apply

☒ **I represent a government agency.** Agency name: King County Department of Public Defense - NDD

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?..... ☒ Yes ☐ No

☐ **I represent a Washington State business.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**

1. Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State
 - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
 - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☒ **I am an attorney.*** Attach legible copies of:

- your current business license
- your current bar card

☐ **I am a private investigator.*** Attach legible copies of:

- your current Private Investigator license
- your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Managing Attorney, Northwest Defenders Division

Title

11/30/2016 - King County, WA
Date and place (county) signed

X Janette Buntz
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



King County

Jeanette Brinster

Managing Attorney

Northwest Defenders Division

Department of Public Defense

WAT-PD-0300

1109 First Avenue, Suite 300
Seattle, WA 98101

jeanette.brinster@kingcounty.gov

www.kingcounty.gov/courts/public-defense

206-674-4700 ext. 79119

Toll Free 1-866-259-7978

Fax 206-674-4702

TTY Relay: 711



*Washington State Bar
Association*

Active Member

JEANETTE BRINSTER

14098

Jeanette Brinster

Signature of Member

KING COUNTY

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

☒ Other (see instructions) ►

GOVERNMENT

5 Address (number, street, and apt. or suite no.)

500 4TH AVENUE STE 600

6 City, state, and ZIP code

SEATTLE, WA 98104

7 List account number(s) here (optional)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)	
--	--

(Applies to accounts maintained outside the U.S.)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

[illegible]

of

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign
Here**

**Signature of
U.S. person ►**

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An Individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax
(360) 570-7895

Phone
(360) 359-4001

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name AUBURN DISCOUNT AUTO SALES		Website AUBURNDISCOUNTAUTO.COM	
Contact name. Primary applicant and contract manager CHRIS LOBERG	(Area code) Telephone number (253) 277-2247	Email (required) AUBDISCOUNTAUTO@GMAIL.CO	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 4710 AUBURN WAY N			
City AUBURN		State WA	ZIP code 98002
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>SERVICE WOULD BE USED TO IDENTIFY ANY LIEN HOLDER OF A VEHICLE WE ARE CONSIDERING FOR PURCHASE OR TAKING IN ON TRADE.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>WE WILL NOT DISCLOSE ANY INFORMATION OR CONTACT THE OWNER.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

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- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

11/15/2016 / KING COUNTY

Date and place (county) signed

CHRIS LOBERG

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

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- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
2 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
3 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
4 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

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Email (quickest)

ivips@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above)

Mail

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

Phone

(360) 359-4001

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name DEB'S MOBILE HOME TRANSFER		Website	
Contact name. Primary applicant and contract manager DAVID W MATSON	(Area code) Telephone number (509) 248-8035	Email (required) ModernLHomes@aol.com	
Contact name 2 (if applicable) DEBRA MATSON	(Area code) Telephone number (509) 248-8035	Email (required) ModernLHomes@aol.com	
Physical address of business (number and street) 2506 S 10th ave			
City UNION GAP		State WA	ZIP code 98903
Mailing address of business (if different) 2218 S CORNELL AVE			
City UNION GAP		State WA	ZIP code 98903
Provide one of these identifiers	Taxpayer Identification Number (TIN) <div style="background-color: black; width: 100px; height: 15px;"></div>	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>MOTOR VEHICLE HULK HAULER: NEED TO IDENTIFY VEHICLES BEFORE PICK UP.</p> <p>NEED TO VERIFY OWNER AND VERIFY THAT VEHICLE IS NOT STOLEN.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>WILL CONTACT OWNER VIA CERTIFIED MAIL.</p> <p>WILL NOT DISCLOSE RECORD INFORMATION TO AN ATTORNEY OR PRIVATE INVESTIGATOR OR ANY OTHER PERSON OR BUSINESS.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

02/25/2017 YAKIMA

Date and place (county) signed

DAVID W. MATSON

PRINT of TYPE Name

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087



Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

ivips@dol.wa.gov

Print and scan or upgrade to
Adobe Reader XI or above)

Mail

Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax

(360) 570-7895

Phone

(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name Mobile Home Title Solutions 2		Website	
Contact name. Primary applicant and contract manager Adrienne Gerard	(Area code) Telephone number (253) 929-4248	Email (required) adriennegerard.mhts@gmail.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 23712 154th st e			
City Orting		State wa	ZIP code 98360
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 604029339
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). I work with title companies and assist in the transaction of mobile home title transfers and eliminations.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. Yes, there is a possibilty that I may have to contact the owners on record by mail in order to get permission and notorized releases to complete the mobile home transfer or elimination.			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

<u>12-3-2016 Pierce Co.</u> Date and place (county) signed	<u>Adrienne Gerard</u> <small>PRINT or TYPE Name</small> X <u>Adrienne Gerard</u> <small>Signature of business or organization representative</small>
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Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1 Legal business name Mobile Home Title Solutions 2		
Address, City, State, ZIP code 23712 154th st e		
Contact name Adrienne Gerard	(Area code) Telephone number (253) 929-4248	Email adriennegerard.mhts@gmail.com
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Subscriber's permissible use to verify registered and legal names, as well as title numbers in order to process transactions		
2 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
3 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
4 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



SMITH FREED & EBERHARD P.C.

ATTORNEYS AT LAW

Trina A. Bodenlos
Firm Administrator
Direct Dial: 503.734.1581
Email: kbodenlos@smithfreed.com

111 SW 5th Avenue, Suite 4300
Portland, OR 97204
P: 503.227.2424 F: 503.227.2535

September 28, 2016

VIA EMAIL – ivips@dol.wa.gov

RE: Vehicle/Vessell On-Line Access Contract Application

Dear Sir or Madam:

Enclosed you will find Smith Freed Eberhard's completed Application regarding on-line access to IVIPS. Should you have any questions, please feel free to contact me.

Very Truly Yours,

Trina A. Bodenlos
Firm Administrator

TAB/cs
Enclosure

Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

ivips@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above)

Mail

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

Phone

(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at **dol.wa.gov/forms/formspd.html**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name Smith Freed Eberhard		Website www.smithfreed.com	
Contact name. Primary applicant and contract manager Trina Bodenlos	(Area code) Telephone number (503) 227-2424	Email (required) tbodenlos@smithfreed.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 111 SW 5th Avenue, Suite 4300			
City Portland		State OR	ZIP code 97204
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>Smith Freed Eberhard are attorneys at law in the area of insurance defense and personal injury. The sole purpose for using your online database will be to identify owners of vehicles involved in auto accidents to ensure that our office has the most accurate information.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>Our initial use in obtaining owner/registration information is to ensure we have correct information; however, there may come a time when we will need to use the owner/registration information to serve an individual with a complaint as being involved in a motor vehicle accident.</p>			

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The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

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- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

9/29/2016

Date and place (county) signed

Trina Bodenlos

PRINT or TYPE Name

X Trina Bodenlos

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

ivips@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above)

Mail

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

Phone

(360) 359-4001

Do not use this form for contracts or applications for access to IVIPS.
Use the "IVIPS" icon on the "Records Request" form located at: dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name Car Guys		Website	
Contact name. Primary applicant and contract manager Cory Sherbon	(Area code) Telephone number (206) 226-7987	Email (required) corycarguys@gmail.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 411 Washington ave n			
City kent		State wa	ZIP code 98032
Mailing address of business (if different) po box 1661			
City auburn		State wa	ZIP code 98071
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 602865583
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>lic. auto dealer. to verify registered owners.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. We will only use the information for our buisness. we will not provide the information to anyone else.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

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- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

9/22/16
Date and place (county) signed

Cory Sherbon - Car Guys
PRINT or TYPE Name
X [Signature]
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting						
<input checked="" type="checkbox"/> IVIPS (<i>Individual record inquiries</i>) Current IVIPS number, if applicable _____ <input type="checkbox"/> Bulk vehicle/vessel records (<i>Batch process</i>) Frequency (<i>check one</i>): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input checked="" type="checkbox"/> Regular						
PRINT or TYPE Company/Agency name A1 LUXURY MOTORS LLC						
Contract contact/manager (<i>IVIPS and Bulk records accounts</i>) HUSSEIN HALBAWY		Signing Authority name (<i>Bulk records accounts only</i>) HUSSEIN HALBAWY				
(Area code) Phone number (206) 335-9911	Email (<i>required for IVIPS and Bulk records</i>) sales@a1luxurymotors.com	(Area code) Phone number (206) 400-7744	Email (<i>required for Bulk records</i>) _____			
Physical address of business (<i>Number and street, City, State, ZIP code</i>) 7438 159th Place NE. Redmond, WA 98052						
Mailing address of business, if different (<i>Address or PO Box, City, State, ZIP code</i>) P.O. Box 725 Kirkland, WA 98083						
Provide one of these identifiers:	Taxpayer Identification Number (TIN) _____	Employer Identification Number (EIN) _____	WA Unified Business Identifier (UBI) 603224026			
2 Provide a detailed explanation of your primary business activity (exactly what your business does). Used Auto Dealership.						
3 Check all that apply to you and/or your business						
<table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 33%;"> <input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input checked="" type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent </td> <td style="vertical-align: top; width: 33%;"> <input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private </td> <td style="vertical-align: top; width: 33%;"> <input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input checked="" type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____ _____ </td> </tr> </table>				<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input checked="" type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input checked="" type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____ _____
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input checked="" type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input checked="" type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____ _____				

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

To check on Vehicles that have been traded in or purchased by us from a private party!

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ☐ Yes ☒ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ☒ Yes ☐ No

- ☐ **I represent a government agency.** Agency name: _____
 Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No
- ☒ **I represent a Washington State business.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
- ☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
 - a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
- ☐ **I am a process server.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
 - registration for county jurisdictions
- ☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State
 - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
 - Other documents reviewed and approved by the Department of Licensing Public Records Officer
 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
- ☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
 IVIPS applicants must also include:
- subscriber roster (provided on page 4)
 - subscriber agreements
- ☐ **I am an attorney.*** Attach legible copies of:
- your current business license
 - your current bar card
- ☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
 - your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

A1 Luxury Motors LLC.- Member

Title

08/26/2016 Redmond, WA

Date and place (county) signed

X Hussein Halbawy

Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

ivips@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above)

Mail

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

Phone

(360) 359-4001

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name Gonzaga University, Campus Security and Public Safety (CSPS)		Website Gonzaga.edu	
Contact name. Primary applicant and contract manager Scott Snider, Director CSPS	(Area code) Telephone number (509) 313-2290	Email (required) sniders@gonzaga.edu	
Contact name 2 (if applicable) Becky Wilkey, Associate Director CSPS	(Area code) Telephone number (509) 313-3996	Email (required) wilkey@gonzaga.edu	
Physical address of business (number and street) 502 E Boone Ave			
City Spokane		State WA	ZIP code 99258
Mailing address of business (if different) 502 E Boone Ave MSC 2468			
City Spokane		State WA	ZIP code 99258
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 328-008-839
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>Gonzaga University, Campus Security and Public Safety is a 24hr full service first responding security department. CSPS processes all calls for service involving vehicles including crime and suspicious circumstances. CSPS provides security for individuals and the University concerning criminal and civil orders of protection/no-contact as well as maintain an active trespassed persons file. CSPS operates permitting and parking enforcement for the University. IVIPS information is critical to CSPS to assist in resolving investigatory questions during daily operations.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>CSPS may contact owners of vehicles to address security and/or safety concerns while vehicles are on campus property. CSPS will contact owners of vehicles who have not responded to parking violations issued to vehicles registered to them in violation. CSPS will make two written attempts via USPS to collect ticket fines or prompt ticket appeals. CSPS will not give IVIPS generated registered owner information to third party collections services, private investigators, or private attorneys. IVIPS RO information if recorded will reside within official CSPS reports in our department's records management system.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

10/27/2016 in Spokane County, WA

Date and place (county) signed

Scott A Snider

PRINT or TYPE Name

X 

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087



OFFICE OF THE VICE PRESIDENT FOR STUDENT DEVELOPMENT

October 20, 2016

Reference: **Internet Vehicle/Vessel Information Processing System (IVIPS)**

Department of Licensing
PO Box 2957
Olympia, WA 98507

To whom it may concern,

Please accept this letter as evidence that Scott Snider, Director of Campus Security and Public Safety, is Gonzaga University's agent and program coordinator for the IVIPS contract with the Washington State Department of Licensing. Thank you.

Sincerely,

Judi Biggs Garbuio, Ph.D.
Vice President for Student Development

IVIPS Use and Disclosure Contract

Attachment B

User/Access Request

It is the Contractor's responsibility to:

- a. Read and review the IVIPS Use and Disclosure Contract with each employee listed
- b. Instruct employees not to disclose or share User Sub-Account numbers and passwords and
- c. Notify DOL in writing within 3 business days of any changes to the Contact information (i.e. business owner, business address, phone number, Contract Contact, employee eligibility or if an employee with access leaves employment).

Failure to comply with the above may result in immediate access termination or termination of this Contract.

TYPE or PRINT Business name Gonzaga University, Campus Security and Public Safety	IVIPS account number
---	---------------------------------

1. TYPE or PRINT Employee name Scott Snider	User sub-account number
2. Employee name Becky Wilkey	User sub-account number
3. Employee name Rae Anna Victor	User sub-account number
4. Employee name Elaine Savage	User sub-account number
5. Employee name Pam Ames	User sub-account number
6. Employee name Jim Sjothun	User sub-account number
7. Employee name Kathy Gaia	User sub-account number
8. Employee name Sheron Ruffner	User sub-account number
9. Employee name Matt Gerdes	User sub-account number
10. Employee name 	User sub-account number
11. Employee name 	User sub-account number
12. Employee name 	User sub-account number
13. Employee name 	User sub-account number
14. Employee name 	User sub-account number
15. Employee name 	User sub-account number
16. Employee name 	User sub-account number
17. Employee name 	User sub-account number
18. Employee name 	User sub-account number
19. Employee name 	User sub-account number
20. Employee name 	User sub-account number

This form may be duplicated.

FILED
SECRETARY OF STATE
MARCH 3, 2015
STATE OF WASHINGTON

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**RESTATED
ARTICLES OF INCORPORATION
OF
THE CORPORATION OF GONZAGA UNIVERSITY
a Washington Nonprofit Corporation**

The undersigned officers of The Corporation of Gonzaga University (the "Corporation") hereby execute these Restated Articles of Incorporation pursuant to the Washington Nonprofit Corporation Act, Chapter 24.03, Revised Code of Washington.

These Restated Articles of Incorporation supersede the original Articles of Incorporation of the Corporation filed April 21, 1894, and all amendments thereto, and correctly set forth, without change, the provisions of the Articles of Incorporation of the Corporation as amended by a quorum vote of the Board of Members at a meeting duly called and held December 2, 2014, and by a quorum vote of the Board of Trustees at a meeting duly called and held October 17, 2014.

The Articles of Incorporation of the Corporation are hereby restated in their entirety as follows:

RESTATED
ARTICLES OF INCORPORATION
OF
THE CORPORATION OF GONZAGA UNIVERSITY

ARTICLE I.
NAME

The name of this corporation shall be "The Corporation of Gonzaga University." Its location and principal place of business shall be Spokane, Spokane County, Washington.

ARTICLE II.
DURATION

The duration of the Corporation is perpetual.

ARTICLE III.
PURPOSES

The purposes for which the Corporation is formed and organized are exclusively charitable and educational, and thereby contributory to the promotion of the general welfare. These purposes include, but are not limited to, the following:

3.1 To operate, conduct, and maintain an organization as an American institution of higher education, a work of the Society of Jesus, and a Catholic university in good standing with the Church, to be known as "Gonzaga University," at such locations as the Corporation deems suitable.

3.2 To establish, conduct, and maintain an independent university as an institution of higher learning for the education of students in the humanities, the pure and applied sciences, and other appropriate areas of human knowledge.

3.3 To transmit knowledge, to pursue and augment the body of trust, to evaluate critically, and to foster creative capacities, attending to the interaction of truths and discoveries derivable from sources accessible to the human mind.

3.4 To provide for those formally associated with the work of the institution an education setting which will be conducive to the fuller development of the human person.

3.5 To offer educational programs leading to the granting of degrees, diplomas, or certificates.

3.6 To offer other programs of an educational nature on a credit or non-credit basis which do not lead to the granting of a degree, including, but not limited to, programs such as institutes, workshops, programs of continuing education, programs preparing youths and others for college admission, and cooperative programs with industry, educational agencies, other institutions, businesses and organizations.

3.7 To operate as a tax exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1954 or any amendment or successor thereto.

3.8 To use its funds exclusively for charitable and educational purposes, provided that:

A. No part of the net earnings of the Corporation shall inure to the pecuniary profit, incidental or otherwise, or any of its members, trustees, officers, or other private persons, and

B. No substantial part of the activities of the Corporation shall be devoted to carrying on propaganda, or otherwise attempting to influence legislation, and

C. The Corporation shall not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of any candidate for public office.

D. The Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954, or any amendment or successor thereto, or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954, or any amendment or successor thereto.

ARTICLE IV.
DISSOLUTION

Upon the dissolution of the Corporation, the Board of Trustees and the Board of Members shall adopt resolutions, by at least two-thirds majority vote of a quorum of each full board, with a recommended plan of distribution as follows:

4.1 All liabilities and obligations of the Corporation shall be paid and discharged, or adequate provision shall be made therefor;

4.2 Assets held by the Corporation upon condition of requiring return, transfer or conveyance, which condition occurs by reason of the dissolution, shall be returned, transferred or conveyed in accordance with such requirements;

4.3 Assets received and held by the Corporation subject to limitations permitting their use only for charitable, religious, eleemosynary, benevolent, educational or similar purposes, but not held upon a condition requiring return, transfer or conveyance by reason of the dissolution, shall be transferred or conveyed to one or more domestic or foreign corporations, societies or organizations engaged in activities substantially similar to those of the dissolving corporation, pursuant to the plan of distribution adopted;

4.4 Any remaining assets shall be transferred or conveyed to one or more domestic or foreign corporations, societies or organizations engaged in activities substantially similar to those of the dissolving corporation, pursuant to the plan of distribution adopted;

4.5 The domestic or foreign corporations or societies or organizations to which the assets will be distributed under preceding subparagraphs (c) and (d) of this Section 2 shall be such as are organized exclusively for charitable, religious, eleemosynary, benevolent, educational or similar purposes as shall, at the same time, qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954 or any amendment or successor thereto.

4.6 Any of such assets not so disposed of shall be disposed of by the Superior Court of the county in which the principal office of the Corporation is then located,

exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE V.
POWERS

5.1 The Corporation shall have the power to perform such acts which may be necessary, useful, suitable, or proper for the furtherance, accomplishment, or attainment of all of the purposes for which it is organized, including, but not limited to, those powers enumerated in the Nonprofit Corporation Act, Chapter 24.03 RCW, and any amendments thereto. The Corporation also possesses any powers previously granted to it by its original charter and all amendments thereto.

5.2 The Corporation has the power to confer associate, baccalaureate, masters, and doctoral degrees in the arts, sciences, engineering, nursing, law, business, education, and other areas of higher education; to confer honorary degrees; and to grant such other degrees, diplomas, or certificates.

ARTICLE VI.
REGISTERED OFFICE AND AGENT

6.1 The location and post office address of the registered office of the Corporation shall be:

502 East Boone Avenue
Spokane, Washington 99202

6.2 The registered agent of the Corporation shall be:

Maureen E. McGuire
502 East Boone Avenue
Spokane, Washington 99202

ARTICLE VII.
ORGANIZATION

7.1 Board of Members. The principal purpose of the Board of Members is to ensure that The Corporation of Gonzaga University (as well as the university for which it is responsible) is animated by and lives out its apostolic mission as a work of the Society of Jesus ("the Jesuits") and the Roman Catholic Church. The Board of Members (hereafter "the Members" or "Members") are elected to ensure that the corporation carries out its work informed by and in accordance with the Constitutions and Decrees of the Society of Jesus, in active relationship with the local and provincial superiors. There shall be at least seven Members of the Corporation. The qualification, selection, term of office, and meetings of Members shall be set forth in the Bylaws of the Corporation.

7.2 Board of Trustees. The Board of Trustees shall consist of that number of trustees as shall be determined from time to time by the Board of Trustees, but which number shall not be less than 10. At no time shall the number of trustees who are also members of the Society of Jesus be less than 22 percent of the total number of voting Trustees. The duties, method of selection, and term shall be set forth in the Bylaws.

ARTICLE VIII.
RESTATED ARTICLES OF INCORPORATION OR BYLAWS

Alterations and amendments to the Bylaws of the Corporation or Articles of Incorporation are subject to the two-thirds majority vote of a quorum of both the Board of Members and the Board of Trustees.

ARTICLE IX.
OFFICERS

The officers of the Corporation shall be the President, Academic Vice President, Treasurer, and Secretary. The President, with consent of the Board of Trustees, has the power to establish or designate other positions as officers, with such duties and responsibilities as may be assigned by the President.

ARTICLE X.
PERSONAL LIABILITY

To the extent permitted by law, a trustee shall not be liable for any debt, liability, obligation, or damages to the Corporation for lawful conduct as a trustee.

ARTICLE XI.
DEFENSE AND INDEMNIFICATION

The Corporation shall, on such terms and conditions as set forth in the Bylaws, defend and indemnify trustees, trustees emeriti, members, regents, regents emeriti, officers, directors, employees, committee and staff members elected, appointed, or employed by the university, affiliated entities and any other individuals who serve at the request of the Board of Trustees, their heirs, executors, or administrators of such individuals.

ARTICLE XII.
ADOPTION

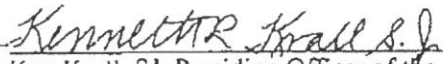
12.1 The resolution adopting these Restated Articles of Incorporation was approved by a quorum vote of the Board of Members at a meeting duly called and held at Gonzaga University, Spokane, Washington on the 2nd day of December, 2014.


12.2 The resolution adopting these Restated Articles of Incorporation was approved by a quorum vote of the Board of Trustees of The Corporation of Gonzaga University at a meeting duly called and held at Gonzaga University, Spokane, Washington on the 17th day of October, 2014.

ARTICLE XIII.
CORPORATE RESOLUTION OF AUTHORITY

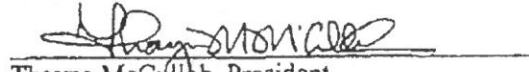
Be it resolved this 2nd day of December, 2014 that the Restated Articles of Incorporation of The Corporation of Gonzaga University be and are hereby adopted.

ATTEST:
BOARD OF MEMBERS

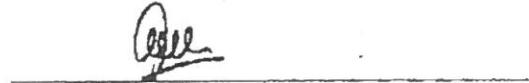

Ken Krall, SJ, Presiding Officer of the
Board of Members


Robert Lyons, SJ, Secretary of the
Board of Members

ATTEST:
THE CORPORATION OF GONZAGA
UNIVERSITY


Thayne McCulloh, President


Maureen E. McGuire, Secretary


Alvin J. Wolff, Jr., Chair, Board of Trustees of
The Corporation of Gonzaga University

**CONSENT TO SERVE AS REGISTERED AGENT
OF
THE CORPORATION OF GONZAGA UNIVERSITY**

I consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

DATED this 30 day of March, 2015.

A handwritten signature in dark ink, appearing to read 'Maureen McGuire', is written over a horizontal line.

Maureen McGuire, Secretary
Gonzaga University
502 E. Boone Ave.
Spokane, WA 99258

Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)ivips@dol.wa.gov

Print and scan or upgrade to
Adobe Reader XI or above)

Mail

Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax

(360) 570-7895

Phone

(360) 359-4001

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name LH Investigations dba Integra Investigations		Website	
Contact name. Primary applicant and contract manager Lael Henterly	(Area code) Telephone number 206-687-8601	Email (required) lhenterly@gmail.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 1208 10th Ave W #C3			
City Seattle		State WA	ZIP code 98119
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 603 542 228
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Private investigation firm, I intend to use vehicle records, when applicable, to augment investigative reports for clients			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. I'm a private investigator (DOL license 4292) and will notify the registered owner by sending a letter within five days, as required. I will not contact the owner for any other purpose.			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

11/28/2016 King

Date and place (county) signed

Lael Henterly

PRINT or TYPE Name

X



Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
2 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
3 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
4 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

Redaction Log

Reason	Page (# of occurrences)	Description
13a	46 (1) 55 (1)	RCW 42.56.420(4). Security – Computer and Telecommunications Networks. Information regarding the infrastructure and security of computer and telecommunications networks, consisting of security passwords, security access codes and programs, access codes for secure software applications, security and service recovery plans, security risk assessments, and security test results to the extent that they identify specific system vulnerabilities.
6d	1 (1) 3 (1) 12 (1) 20 (2) 23 (2) 27 (1) 28 (1) 31 (1) 42 (1) 44 (1) 49 (2) 55 (1) 60 (1) 62 (1) 65 (1) 69 (1) 70 (1) 73 (1) 79 (1)	RCW 42.56.230(4); 42 U.S.C. § 405(c)(2)(C)(viii)(I); RCW 42.56.070(1). Personal Information – Tax ID. Information required of any taxpayer in connection with the assessment or collection of any tax (Social Security Number) is protected from disclosure.

Redaction Log

Reason	Page (# of occurrences)	Description
6d	92 (1)	RCW 42.56.230(4); 42 U.S.C. § 405(c)(2)(C)(viii)(I); RCW 42.56.070(1). Personal Information – Tax ID. Information required of any taxpayer in connection with the assessment or collection of any tax (Social Security Number) is protected from disclosure.